## BEST AVAILABLE COPY

							Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								· 1				
L		Effectiv	e Novemb	X -	09 443986							
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL I	ENTITY	OR	OTHER THAN SMALL ENTITY		
FO	)R	<del></del>	R FILED	NUMBER I			RATE	FEE	]	RATE	FEE	
ВА	SIC FEE				The second second	Ē	W 37.	380.00	OR	F-1	760.00	
TOTAL CLAIMS		43	minus 2			ſ	X\$ 9=	L	OR	X\$18=	414	
<u> </u>	DEPENDENT CL		minus	3 = *			X39=		OR	X78=	_ <del></del>	
MU	MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=		
* If	the difference	in column 1 is	less than ze	ero, enter "0" in c	xolumn 2	L	TOTAL	<del>                                     </del>	OR	TOTAL	1174	
CLAIMS AS AMENDED - PART II									<b></b> ''	OTHER	THAN	
م	(Column 1) (Column 2) (Column 3)				(Column 3)	_ {	SMALL		OR	SMALL	ENTITY	
ENTER		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE	
MENDMENT	Total	. 63	Minus	<b>**</b>	=	ſ	X\$ 9=		OR	X\$18=		
AME	Independent	* 5	Minus	***	=	į	X39=		OR	X78=		
H	FIRST PRESE	NIATION OF M	ULTIPLE DEI	PENDENT CLAIM	·		+130=		OR	+260=	280.00	
						Ļ	TOTAL	<b></b>		TOTAL	100.00	
		(Column 1)		(Column 2)	(Column 3)	AĽ	DDIT. FEE	<del></del>		ADDIT. FEE	240. F	
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI TIONAL FEE		RATE	_ADDI- TIONAL FEE	
	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=		
AMEND	Independent	*	Minus	***	=		X39=		OR	V70		
H	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM	The state of the s	\ <b> </b>	1120		1	+260=		
İ	٠٠٠,				-	L	+130= TOTAL	<del> </del>	OR	+260= TOTAL	<u> </u>	
	•	•				AL	DDIT. FEE	<u> </u>	OR	ADDIT. FEE		
<b> </b>	San Walker	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	· ·		A ===	1 '			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	##	=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***	=	<b> </b> -	X39=		1	X78=	<del>                                     </del>	
<b>V</b>	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM		<b> </b> -		-	OR		<del>                                     </del>	
+130=  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+260=		
**	If the "Highest Nur	mber Previously Pa	aid For" IN THI	IS SPACE is less tha	an 20, enter "20."	AD	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	,	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												